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ABSTRACT

This digest summarizes available information on the importance of HIV (human immunodeficiency virus) prevention education efforts for students with disabilities. The digest notes these students' increased risk of HIV infection due to their lack of knowledge, misinformation, poor social skills, low self-esteem, poor judgement, and tendency to let others control them. Estimates of the numbers of special education students with various handicaps receiving HIV prevention education are provided. The purposes of HIV prevention education are outlined, and the importance of focusing on the linkage of personal behavior to HIV infection is stressed. Includes five references and six resources. (DB)

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HIV PREVENTION EDUCATION FOR EXCEPTIONAL YOUTH

Why HIV Prevention Education is Important

In the well-known Surgeon General's Report on AIDS (1987), C. Everett Koop highlighted the need for HIV prevention education by declaring, "Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk." Indeed, statistics of sexual activity among teenagers indicate that half of all teenage girls in high school have had sexual intercourse, and 16 percent have had four or more partners. Further, many adolescents do not consider drugs such as cocaine and marijuana to increase their risk for acquiring HIV infection because they are not taken intervenously, but they do not consider that these drugs reduce their inhibitions and lead to poor decision making.

The Virginia Department of Education's *Family Life Education Curriculum* (1991) describes some of these factors which increase special education students' vulnerability for not only HIV infection but other sexually transmitted diseases, sexual abuse, and teen pregnancy as well:

Knowledge. Students with disabilities are generally less knowledgeable than other students about their bodies and their sexuality. This leads to poor decision-making related to their sexuality and an inability to protect themselves. This lack of information can be attributed to the following causes:

- They have generally been excluded from sex education programs in schools.
- Parents, who are sometimes uncomfortable teaching sexuality to their children, often feel even more insecure teaching a child who has a disability.
- Many students do not know when and whom to ask for help and may lack the cognitive or communication skills necessary for asking questions.
- Students are often unable to get information from written materials, because few publications are written on their reading level.

Misinformation. Some students with disabilities are more likely than other students to believe myths and misinformation because they are unable to distinguish between reality and unreality. They may also become easily confused or frightened by misinformation.

Social Skills. Students with disabilities may have limited opportunity for social development. Their chances to observe, develop, and practice social skills are limited or nonexistent. Many students do not have such basic social skills as knowing how to greet others and how to show affection appropriately.

Power and Control. Some students with disabilities are easily influenced by others. These students may do whatever others suggest without question, due to their dependency and desire to please.

Self-esteem. Students receiving special education services may have low self-esteem. In an effort to be accepted by others or to gain attention (either positive or negative) students with low self-esteem are more likely than other students to participate in risky behaviors.

Judgement. Students in special education may have poor judgement, poor decision-making skills, and poor impulse control. Without direct instruction, they are unable to recognize the consequences of their actions.

Status Of Prevention Education For Special Learners

In an unpublished (as of August, 1991) survey of 2,150 school districts, the National School Boards Association (NSBA) discovered that 67 percent of respondents require some form of HIV prevention education for their students. HIV Education Specialists from the Centers for Disease Control estimate that by the year 2000, 75 percent of the nation's school districts will provide planned sequential HIV education from Kindergarten through Grade 12. At present, most districts teach about HIV prevention within the health education curriculum.

Unfortunately, many special education students who are not in mainstream classes do not participate in health education. The NSBA survey indicates that 80 percent of students with learning disabilities, i.e., those likely to be mainstreamed, receive HIV prevention education; however, only 46 percent of those with moderate mental retardation receive similar instruction. Seventy percent of the students with communication disorders receive instruction in HIV prevention, but the proportion drops to 21 percent for students with autism. Approximately 49 percent of the students with emotional disturbance receive instruction aimed at changing behaviors that put students at risk for HIV infection.

Purpose Of Effective Education About AIDS

According to the Centers for Disease Control (CDC), the main purpose of education about HIV and AIDS is to prevent HIV infection. Specific goals of HIV prevention education are to (a) help students learn how to resist social influence to engage in risk-taking behavior, (b) increase students' perceptions of their ability to adopt self-protective behaviors, and (c) create an environment conducive to candid discussion of sensitive topics. (DiClemente & Houston-Hamilton, 1989).

The Center for Disease Control's *Guidelines for Effective School Health Education to Prevent the Spread of AIDS* state that school systems should make programs available

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that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to:

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to:

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.
- Stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known.
- Using a latex condom with spermicide if they engage in sexual intercourse.
- Seeking treatment if addicted to illicit drugs.
- Not sharing needles or other injection equipment.
- Seeking HIV counseling and testing if HIV infection is suspected.

For all students, HIV prevention education should focus on personal behavior and the linkage to HIV infection. The aim is not to cause fear but to (a) enhance students' receptivity to the notion of modifying their personal behaviors and (b) increase their motivation to adopt and maintain changes in their behaviors. For special education students, in particular, it is important to emphasize the choices individuals can and should make. Learning activities should give students the opportunity to role play situations where they have to make choices and communicate their decisions to others. Special education students require instruction and practice in assertiveness techniques, including skills for negotiation and resistance to peer pressure. Instruction should also include resources that students can contact to obtain more information and help (NSBA, 1990).

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